

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 4 7

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

September 21, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70; 447.201; 447.304

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 3.01b. FFY 2001 \$ 110.60

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 7, Pages 4,5

Attachment 4.19-B, Item 7, Page 1

Page 2

Page 4

Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME (TN 95-14)

SAME (TN 00-36) Pending

SAME (TN 00-04) Pending

SAME (TN 95-20)

NONE (New Page)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to expand home health rehabilitation services to include coverage of occupational therapy and speech therapy and to establish reimbursement rates that are the same as rates paid for outpatient hospital rehabilitation services.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 29, 2000

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 21, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Limitations on Home Health services are as follows:

- (1) Visits by either a nurse or a home health aide may not exceed an aggregate of 50 visits per calendar year. Additionally, the Bureau of Health Services Financing will pay for only one visit per day per recipient.
- (2) Although Medicare will not pay for Home Health Services unless skilled services (skilled nursing, physical therapy, or speech pathology) are also required, Medicaid will pay for aide visits if only aide visits are required, subject to the above limitations. It is not a Medicaid requirement that skilled services be ordered as a prerequisite for Home Health Services to be covered under Title XIX except when the need for skilled services is used as a determinant that EPSDT medically fragile children meet the definition of medical necessity as a requirement for eligibility.
- (3) For Title XVIII/Title XIX (Medicare/Medicaid recipients), the Bureau of Health Services Financing will make payment for aide visits if only aide visits are required, subject to the 50 visits per calendar year limitation.

EPSDT RECIPIENTS ARE EXCLUDED FROM SERVICE LIMITATIONS

Item 7.c. Medical supplies, equipment, and appliances suitable for use in the home.

Medical supplies provided by a Home Health Agency are allowable if recommended by the physician as medically necessary, for the eligible individual and suitable for use in the home.

STATE <u>Louisiana</u>	A
DATE REC'D <u>09-29-00</u>	
DATE APP'D <u>06-06-01</u>	
DATE EFF. <u>09-21-00</u>	
HCFA 179 <u>LA-00-47</u>	

TN# 00-47 Approval Date 06-06-01 Effective Date 09-21-00
Supersedes
TN# 95-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 7, Page 5

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Prior authorization is required for the purchase of all equipment and appliances. The local parish office provides authorization for items costing \$25.00 or less. For items costing over \$25.00, the local parish office request(s) for approval for the purchase of the item(s) to the Medical Review Team of the Bureau of Health Services Financing, Department of Health and Hospitals.

Item 7.d. Rehabilitation services provided by a Home Health Agency.

- (4) Rehabilitation services which may be provided by a Home Health Agency include physical therapy, occupational therapy and speech therapy.
- (5) Physical, occupational or speech therapy must be prescribed by the eligible recipient's physician in the physician's treatment plan. Services must be provided by a qualified therapist as defined in Title XVIII conditions for participation for Home Health Agencies.
- (6) Rehabilitation services are not subject to the limitation on visits listed in 7.b. above.

EPSDT RECIPIENTS, BASED UPON MEDICAL NECESSITY, MAY BE EXCLUDED FROM SERVICE LIMITATIONS.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B

Item 7, Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial
42 CFR	Care and Services
447.201	Item 7.
447.304	

Home Health Care Services

- Item 7.a. Intermittent or part-time nursing service provided by a home health agency
- Item 7.b. Home Health aide services provided by a home health agency
- Item 7.c. Medical supplies, equipment and appliances suitable for use in the home
- Item 7.d. Rehabilitation services provided by a home health agency.

I. Method of Payment

- A. Intermittent or Part-time Nursing Service provided by a home health agency and for Home Health Aide Services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). An increase of 22.5 percent (22.5%) based on additional funding provided by the legislature is applied to the reimbursement rate in effect as of June 30, 2000 for home health extended skilled nursing visits. Reimbursement for skilled nursing services provided by a licensed practical nurse (LPN) is made at 80 percent (80%) of the established fee for skilled nursing in effect as of January 31, 2000. Skilled nursing services provided by a licensed registered nurse (RN) will continue to be reimbursed at the established fee in effect as of January 31, 2000.
- B. Rehabilitation Services provided by a home health agency are reimbursed at the same rates paid for outpatient hospital rehabilitation services. See Attachment 4.19-B, Item 2.a., Page 1.

II. Standards for Payment

- A. For items 7.a., 7.b., 7.c., 7.d., see Attachment 3.1-C regarding standards and methods of assuring high quality care.

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TN# 00-36

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09-21-00

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 7, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- B.
1. For appliances and equipment, see Medical and Remedial Care and Services, Item 12.c. Attachment 4.19-B.
 2. For medically necessary Medical Supplies, Equipment and Appliances reimbursement will be made through the Durable Medical Equipment Program which requires prior authorization for the item. Items may be authorized to existing durable medical equipment providers or to home health agencies which enroll as durable medical equipment providers.
 - a. Diapers and blue pads are not reimbursable as durable medical equipment items.
 - b. Certain supplies for wound care and dressing will be covered under the Durable Medical Equipment Program but will be authorized exclusively for the use of home health agencies when delivering home health services.
 3. All home health rehabilitation services must be prior authorized through the fiscal intermediary's Prior Authorization Unit in order to receive payment.
- C. "Home Health Care Agency" means a public or private agency which is licensed by DHH, Bureau of Health Services Financing, Health Standards Section, and qualified to participate as a home health agency under Title XVIII of the Social Security Act, and is determined currently to meet the requirements for Title XIX participation.

"Home Health Care and Services" are provided on the basis of a treatment plan as certified by a licensed and appropriate physician to a patient in his place of residence, but not including as a residence a hospital or skilled nursing facility. However, rehabilitation services may be provided by a home health agency in an Intermediate Care Facility I or II when a Title XIX recipient who is admitted or retained by the facility is in need of such services. A written agreement must be executed between the facility and the home health agency for the provision of these services.

All written plans of care must be on file at the home health agency and reviewed by the physician every sixty (60) days.

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TN# 00-04

STATE	<u>Louisiana</u>
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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- c. A physician will be considered to have a "significant ownership interest" if he or she -
- (1) has a direct or indirect ownership interest of 5 per cent or more in the capital, the stock, or the profits of the home health agency;
 - (2) has an ownership interest of 5 per cent or more in any mortgage, deed of trust, note, or other obligation that is secured by the agency, if that interest equals 5 per cent or more of the agency's assets; or
 - (3) is an officer or director of a home health agency organized as a corporation, or a partner in a organized as a partnership.
4. Nurses. Nurses (LPNs and RNs) must be currently licensed by the Louisiana State Board of Nurse Examiners.
5. Home Health Aides. The plan of treatment to be provided by a home health aide must be outlined by the attending physician and home health agency, which assigns a professional registered nurse to provide continuing supervision of the aide.
6. Occupational Therapist. Must be qualified occupational therapists. See amount, duration and scope of medical and remedial care and services provided, Attachment 3.1 A, Item 7.d.
7. Physical Therapist. Must be qualified physical therapists. See amount, duration and scope of medical and remedial care and services provided, Attachment 3.1-A, Item 7.d.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ATTACHMENT 4.19-B
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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

8. Speech Therapist. Must be qualified speech therapists. See amount, duration and scope of medical and remedial care and services provided, Attachment 3.1-A, Item 7.d.
9. Utilization Review. Each participating home health agency is required to have an in-house utilization review committee, or U/R procedures in place.
10. The home health agency is required to instruct the families on non-complex physical therapy tasks when feasible.

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